

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx – Prior Authorization – Reversal, Inquiry and Request

Medi-Cal will accept only the Prior Authorization Reversal (P2), Inquiry (P3), and Request (P4) transactions. Per NCPDP, only one prior authorization transaction per transmission is permitted.

MATCHING CRITERIA

Reversal, inquiry, reauthorization, and deferred prior authorization transactions will be matched to the appropriate existing TAR in Medi-Cal using the Prior Authorization Number and the NDC (Product ID). The Prescription/Service Reference Number (RX Number) and date of service will NOT be used.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx – Prior Authorization Request Only - Request (NCPDP Transaction Code P4)

If more than one prior authorization initial request is received on the same day and the following criteria is met then the prior authorizations that meet this criteria will be 'bundled' together on one TAR in the Medi-Cal system:

1. The existing TAR that the new service may be bundled to is not a compound service (compound services will always only have one service per TAR).
2. None of the services on the existing TAR have been adjudicated.
3. The NDC (product ID) on the new prior authorization request does not exist on the existing TAR.
4. The following fields on the new prior authorization request must match the existing TAR: Recipient ID, Submitting Provider ID, Attachment Indicator, Contact Person Name, Contact Phone Number, Provider Fax Number, Residence Status, and Special Handling.

If multiple prior authorization services are bundled onto the same TAR in the Medi-Cal system then you will receive the same prior authorization number back on multiple responses. Please ensure that when inquiring, reversing, reauthorizing, or deferring a prior authorization service that the correct prior authorization number as well as the correct NDC (product ID) is submitted on the transaction.

Bundling will only take place for initial prior authorization requests.

The prior authorization request only will be built by filling out the Header segment, Insurance segment, Patient segment, Claim segment, Prior Authorization segment, Clinical segment, Prescriber segment, Coordination of Benefits/Other Payments segment, and the Compound segment.

The following diagram shows the various components of the Prior Authorization Request Only transaction.

Diagram for One Prior Authorization Request Only

Mandatory
Transmission Header Segment <i>Segment Separator</i>
Insurance Segment <i>Segment Separator</i>
Patient Segment (Medi-Cal Mandatory)
Mandatory Transaction Segments
<i>Group Separator</i> <i>Segment Separator</i>
Claim Segment <i>Segment Separator</i>
Prior Authorization Segment <i>Segment Separator</i>
Clinical Segment (Medi-Cal Mandatory)
Optional Transaction Segments
<i>Segment Separator</i>
Prescriber Segment <i>Segment Separator</i>
Coordination of Benefits/Other Payments Segment <i>Segment Separator</i>
Compound Segment

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
101	A1	BIN Number	N	6	610442
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P4 = P.A. Request Only
104	A4	Processor Control Number	A/N	10	Not Used by Medi-Cal
109	A9	Transaction Count	A/N	1	1 = One P.A. Request
202	B2	Service Provider ID Qualifier	A/N	2	05 = Medicaid (Medi-Cal Pharmacy Provider ID)
201	B1	Service Provider ID	A/N	15	The service (Pharmacy) provider Id is made up the following: (Submitter ID – 3 Alpha-Numeric Provider Number – 9 Alpha-Numeric Last 3 characters – spaces)
401	D1	Date of Service	N	8	(Date of Service – (CCYYMMDD))
110	AK	Software Vendor/Certification ID	A/N	10	(PC/POS Version Number)

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - Insurance Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	04 = Insurance
FS	C2	Field Separator	A/N	3	X'1C' C2
302	C2	Cardholder Identification Number	A/N	1 – 20 (14)	(Medi-Cal Recipient ID) Must be 1 of the following: 1. CIN (9 characters) 2. MEDS ID (9 characters) 3. BID (14 characters) 4. CIN (9 characters) plus Check Digit (1 character) plus 4 digit numeric identifier
FS	CC	Field Separator	A/N	3	X'1C' CC
312	CC	Cardholder First Name	A/N	12	(Cardholder First Name)
FS	CD	Field Separator	A/N	3	X'1C' CD
313	CD	Cardholder Last Name	A/N	15	(Cardholder Last Name)

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - Patient Segment
Medi-Cal Mandatory

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	01 = Patient Segment
FS	C4	Field Separator	A/N	3	X'1C' C4
304	C4	Date of Birth	N	8	(Date of Birth - (CCYYMMDD))
FS	C5	Field Separator	A/N	3	X'1C' C5
305	C5	Patient Gender Code	N	1	1 = Male 2 = Female
FS	C7	Field Separator	A/N	3	X'1C' C7
307	C7	Patient Location	N	2	1 = Home 2 = Inter-Care 3 = Nursing Home 4 = Long Term/Extended Care 5 = Rest Home 6 = Boarding Home 7 = Skilled Care Facility 8 = Sub-Acute Care Facility 9 = Acute Care Facility 10 = Outpatient 11 = Hospice
FS	CA	Field Separator	A/N	3	X'1C' CA
310	CA	Patient First Name	A/N	12	(Patient First Name)
FS	CB	Field Separator	A/N	3	X'1C' CB
311	CB	Patient Last Name	A/N	15	(Patient Last Name)
FS	CQ	Field Separator	A/N	3	X'1C' CQ
326	CQ	Patient Phone Number	N	10	(Format=AAAEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number) Examples: A phone number of 212-555-1212 would reflect: 2125551212.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	1 = RX Billing
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	1 – 7	(RX Number)
FS	E1	Field Separator	A/N	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	00 = Default for compound drug claims 03 = National Drug Code (NDC)
FS	D7	Field Separator	A/N	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number) For compound claims, this should be "0".
FS	D6	Field Separator	A/N	3	X'1C' D6
406	D6	Compound Code	N	1	Ø = Not Specified 1 = Not a Compound 2 = Compound
FS	ET	Field Separator	A/N	3	X'1C' ET
460	ET	Quantity Prescribed	N	1-10	(Implied Format = 9999999.999) For compound claims, this should be the amount of the entire multi-ingredient product.
FS	DF	Field Separator	A/N	3	X'1C' DF
415	DF	Number of Refills Authorized	N	1-2	(Number of Refills Authorized) 0 = Not Specified 1 through 98 = Specific number of fills 99 = Being as needed, refills unlimited DO NOT include the original fill in this number.
FS	DK	Field Separator	A/N	3	X'1C' DK
420	DK	Submission Clarification Code	N	1-2	2 = Other Override See Note 1 below.
FS	D8	Field Separator	A/N	3	X'1C' D8

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

408	D8	Dispense As Written (DAW)/Product Selection Code	A/N	1	Written (DAW)/ Product Selection Code How Pharmacist followed the Prescriber's instructions regarding use of generic substitution. 0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber (Indicates request for a drug pricing override) 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not In Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override (Indicates request for a negotiated price) 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace
FS	DE	Field Separator	A/N	3	X'1C' DE
414	DE	Date Prescription Written	N	8	(Date Prescription was written (CCYYMMDD))
FS	EU	Field Separator	A/N	3	X'1C' EU
461	EU	Prior Authorization Type Code	N	1-2	8 = Payer Defined Exemption (Used in conjunction with the Discharge Date in 462-EV)
FS	EV	Field Separator	A/N	3	X'1C' EV
462	EV	Prior Authorization Number Submitted	N	1 – 12 (8)	(Discharge Date) Format: CCYYMMDD

Note 1: The Submission Clarification Code field will be used in conjunction with the Basis of Request code as follows for Medi-Cal processing:

Medi-Cal Meaning	Basis of Request	Submission Clarification Code
Exceeded Code 1 Restrictions	ME – Medical Exception	2 – Other Override
Exceeded Medical Supplies Limit	PL – Increase Plan Limitation	2 – Other Override
6 Prescription Limit	PR – Plan Requirement	2 – Other Override

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - Prior Authorization Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	12 = Prior Authorization
FS	PA	Field Separator	A/N	3	X'1C' PA
498	PA	Request Type	A/N	1	1 = Initial 2 = Reauthorization 3 = Deferred
FS	PB	Field Separator	A/N	3	X'1C' PB
498	PB	Request Period Date-Begin	N	8	(Request Period Date-Begin (CCYYMMDD))
FS	PC	Field Separator	A/N	3	X'1C' PC
498	PC	Request Period Date-End	N	8	(Request Period Date-Ended (CCYYMMDD))
FS	PD	Field Separator	A/N	3	X'1C' PD
498	PD	Basis of Request	A/N	2	ME = Medical Exception PR = Plan Requirement PL = Increase Plan Limitation See Note 2 below.
FS	PE	Field Separator	A/N	3	X'1C' PE
498	PE	Authorized Representative First Name	A/N	12	(Authorized Representative First Name)
FS	PF	Field Separator	A/N	3	X'1C' PF
498	PF	Authorized Representative Last Name	A/N	15	(Authorized Representative Last Name)
FS	PG	Field Separator	A/N	3	X'1C' PG
498	PG	Authorized Representative Street Address	A/N	30	(Authorized Representative Street Address)
FS	PH	Field Separator	A/N	3	X'1C' PH
498	PH	Authorized Representative City Address	A/N	20	(Authorized Representative City Address)
FS	PJ	Field Separator	A/N	3	X'1C' PJ
498	PJ	Authorized Representative State/Province Address	A/N	2	(Authorized Representative State/Province Address)
FS	PK	Field Separator	A/N	3	X'1C' PK
498	PK	Authorized Representative Zip/Postal Zone	A/N	15	(Authorized Representative Zip/Postal Zone)
FS	PY	Field Separator	A/N	3	X'1C' PY

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

498	PY	Prior Authorization Number—Assigned	N	11	(Prior Authorization Number) This field should be used to submit the prior authorization number when the request is for a reauthorization and the original request received a response of 'A' (Approved).
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) This field should be used to submit the prior authorization number when the request is for a reauthorization or deferral and the original request received a response of 'C' (Captured) or 'F' (Deferred).
FS	PP	Field Separator	A/N	3	X'1C' PP
498	PP	Prior Authorization Supporting Documentation	A/N	1- 500	Free form message(s) with each piece of requested information preceded by a message parsing ID. Please see Chart 1 on following page for message parsing ID and associated fields. Example: *AI*2*CN*SMITH,MARY*FX*9165551111 This would mean the following: No attachment will be sent. Mary Smith is the contact person. Provider Fax Number is (916) 555-1111. Although this field is an optional field it is highly recommended that the information be sent to assist in the adjudication of the prior authorization.

Note 2: The Basis of Request field will be used in conjunction with the Submission Clarification code as follows for Medi-Cal processing:

Medi-Cal Meaning	Basis of Request	Submission Clarification Code
Exceeded Code 1 Restrictions	ME – Medical Exception	2 – Other Override
Exceeded Medical Supplies Limit	PL – Increase Plan Limitation	2 – Other Override
6 Prescription Limit	PR – Plan Requirement	2 – Other Override

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Chart 1: Message parsing ID and associated fields:

Field Parsing ID	Field Description	Valid Values
AI	Attachment Indicator	2 = I will not be submitting attachment(s) (Default value if not submitted in the message area) 3 = I will be uploading attachment(s) now 8 = I will be uploading attachment(s) within 1 hour 9 = I will be faxing attachment(s) within 1 hour
CN	Contact Person Name	Last Name, First Name (max of 37 characters will be kept by Medi-Cal)
CP	Contact Person Phone Number	Format = AAAEEENNNN (10 bytes numeric) AAA = Area Code EEE = Exchange Code NNNN = Number
MI	Miscellaneous Information	Free Format Information (Medi-Cal can retain up to 255 bytes of alphanumeric data)
PV	Percent Variance	3 bytes numeric
RS	Residence Status Code	00 = None 12 = Home 13 = Home w/Caregiver 14 = Board and Care 21 = Inpatient Hospital 92 = ICF-DD 99 = Other
SG	SIG	Freeform text – max of 24 bytes
FX	Provider Fax Number	Format = AAAEEENNNN (10 bytes numeric) AAA = Area Code EEE = Exchange Code NNNN = Number (Medi-Cal will capture the fax number only. Responses will not be faxed back to providers.)

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - Clinical Segment
Medi-Cal Mandatory

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	13 = Clinical Segment
FS	VE	Field Separator	A/N	3	X'1C' VE
491	VE	Diagnosis Code Count	N	1	<p>Medi-Cal supports up to 4 diagnosis codes and requires at least the primary diagnosis code. The first occurrence of the diagnosis code will be considered the primary diagnosis, the second occurrence considered the secondary diagnosis and so forth until the fourth occurrence. All other occurrences will be bypassed.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Diagnosis Code Qualifier • Diagnosis Code
FS	WE	Field Separator	A/N	3	X'1C' WE
492	WE	Diagnosis Code Qualifier	A/N	2	<p>01 = International Classification of Diseases (ICD9)</p> <p>Repeating field depending on count found in field 491-VE.</p>
FS	DO	Field Separator	A/N	3	X'1C' DO
424	DO	Diagnosis Code	A/N	1 – 15 (6)	<p>This field requires an explicit decimal point. Medi-Cal accepts the ICD9 diagnosis code format. Therefore, the maximum length Medi-Cal can currently accept for this field is 6 characters -- 5 characters plus an explicit decimal point.</p> <p>Repeating field depending on count found in field 491-VE.</p>
FS	XE	Field Separator	A/N	3	X'1C' XE
493	XE	Clinical Information Counter	N	1	<p>Medi-Cal supports up to 2 sets of clinical information: One for the height in inches and the other for the weight in pounds.</p> <p>Medi-Cal will accept all occurrences of the clinical information that are sent but will only utilize the first weight and first height occurrence found. All others will be bypassed.</p> <p>Occurrence number for the following set of fields:</p> <ul style="list-style-type: none"> • Measurement Dimension • Measurement Units • Measurement Value

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

FS	H2	Field Separator	A/N	3	X'1C' H2
496	H2	Measurement Dimension	A/N	2	14=Weight 16=Height Must be present with counter value found in field 493-XE.
FS	H3	Field Separator	A/N	3	X'1C' H3
497	H3	Measurement Unit	A/N	2	01=Inches (in) 03=Pounds (lb) Must be present with counter value found in field 493-XE.
FS	H4	Field Separator	A/N	3	X'1C' H4
499	H4	Measurement Value	A/N	15 (3)	(Measurement Value) Must be present with counter value found in field 493-XE.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - Prescriber Segment

Optional – only send this segment if there is Medi-Cal Prescriber ID

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	03 = Prescriber Segment
FS	EZ	Field Separator	A/N	3	X'1C' EZ
466	EZ	Prescriber ID Qualifier	A/N	2	08 = State License
FS	DB	Field Separator	A/N	3	X'1C' DB
411	DB	Prescriber ID	A/N	1 – 15 (9)	(Prescriber State License Number)
FS	DR	Field Separator	A/N	3	X'1C' DR
427	DR	Prescriber Last Name	A/N	15	(Prescriber Last Name)
FS	PM	Field Separator	A/N	3	X'1C' PM
498	PM	Prescriber Phone	N	10	(Format=AAAEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number) Examples: A phone number of 212-555-1212 would reflect: 2125551212.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request - COB/Other Payments Segment

Optional Segment – only send if there is Other Payment Information to be sent

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	05 = COB/Other Payments Segment
FS	4C	Field Separator	A	3	X'1C' 4C
337	4C	Coordination of Benefits/Other Payments Count	N	1	<p>1 = 1 set of data follows 2 = 2 sets of data follows :</p> <p>Medi-Cal supports up to 2 sets of COB information – one set for the Primary Payer Coverage Type (Medicare) and one set for the Secondary Payer Coverage Type (non-Medicare).</p> <p>Medi-Cal will accept all occurrences of the COB information sent but will only utilize the first Primary and first Secondary payer occurrences found. All others will be bypassed.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Other Payer Coverage Type • Other Payer Reject Count
FS	5C	Field Separator	A	3	X'1C' 5C
338	5C	Other Payer Coverage Type	A/N	2	<p>01 = Primary (use this to specify Medicare rejected information) 02 = Secondary (use this to specify non-Medicare other payer rejected information)</p> <p>Repeating field depending on count found in field 337-4C.</p>
FS	5E	Field Separator	A/N	3	X'1C' 5E
471	5E	Other Payer Reject Count	N	2	<p>Medi-Cal supports up to 5 reject codes per other payer coverage type. All others will be bypassed.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Other Payer Reject Code <p>Repeating field depending on count found in field 337-4C.</p>
FS	6E	Field Separator	A/N	3	X'1C' 6E
472	6E	Other Payer Reject Code	A/N	3	<p>(Other Payer Reject Code)</p> <p>Repeating field depending on count found in field 471-5E.</p>

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Request Compound Segment

Optional – only send if the prior authorization is for a compound drug

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	10 = Compound Segment
FS	EF	Field Separator	A/N	3	X'1C' EF
450	EF	Compound Dosage Form Description Code	A/N	2	Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema
FS	EG	Field Separator	A/N	3	X'1C' EG
451	EG	Compound Dispensing Unit Form Indicator	N	1	1 = Each 2 = Grams 3 = Milliliters
FS	EH	Field Separator	A/N	3	X'1C' EH
452	EH	Compound Route Of Administration	N	1-2	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

FS	EC	Field Separator	A/N	3	X'1C' EC
447	EC	Compound Ingredient Component Count	N	1-2	Medi-Cal supports up to 25 Compound Product IDs, and one for the container count (26 Product IDs if a container count is included) if necessary. <ul style="list-style-type: none"> Compound Product ID Qualifier (488-RE) Compound Product ID (489-TE) Compound Ingredient Quantity (448-ED)
FS	RE	Field Separator	A/N	3	X'1C'RE
488	RE	Compound Product ID Qualifier	A/N	2	03 = NDC 99 = Other (Container Count) Must be accompanied with all 9's and a 7 (9999999997) in field 489-TE. When a product ID of all 9's and a 7 (9999999997) is submitted then the quantity in field 448-ED will be considered the Container Count. Repeating field depending on count found in field 447-EC.
FS	TE	Field Separator	A/N	3	X'1C' TE
489	TE	Compound Product ID	A/N	1-19 (11)	(NDC Number) Repeating field depending on count found in field 447-EC. When specifying the number of containers as an ingredient the NDC should be equal to '9999999997'.
FS	ED	Field Separator	A/N	3	X'1C' ED
448	ED	Compound Ingredient Quantity	N	1-10	Implied format = 9999999.999 Use this field to indicate number of containers for compound drugs when Compound Product ID is "9999999997" and Compound Product ID Qualifier is "99". (Maximum allowed is 999). Repeating field depending on count found in field 447-EC.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx – Prior Authorization Request Only – Responses

Section 3.4.xx.x – Prior Authorization Request Response - Transmission Accepted/Transaction Captured or Duplicate of Captured*

The prior authorization request response for a Transmission Accepted/Transaction Captured (or Duplicate of Capture) will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Request Response transaction.

Diagram for One Prior Authorization Request Response – Transmission Accepted/Transaction Captured (or Duplicate of Capture)

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory first response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment
<i>Segment Separator</i>
Response Claim Segment
<i>Segment Separator</i>
Response Prior Authorization Segment

* - Duplicate of Capture response will be returned when the following information on the incoming request matches an existing TAR in the Medi-Cal system:

- Same Patient/Member
- Same Service Provider ID
- Same Date of Service
- Same Product/Service ID
- Same Prescription/Service Reference Number
- Same Prior Authorization Begin Date**
- Same Prior Authorization End Date**
- Same Number of Refills Authorized**

** - These fields will be used in addition to the NCPDP specified criteria for the Duplicate of Captured response.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P4 = P.A. Request Only
109	A9	Transaction Count	A/N	1	1 = One Occurrence
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	C = Captured Q = Duplicate of Captured
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number)
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Prior Authorization Request Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as Input Transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as Input Transaction

Prior Authorization Inquiry Response – Prior Authorization Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	26 = Response Prior Authorization Segment
FS	PR	Field Separator	A/N	3	X'1C'PR
498	PR	Prior Authorization Processed Date	N	8	(Service Receipt Date – (CCYYMMDD))

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Request Response - Transmission Accepted/Transaction Rejected

The prior authorization request response for a Transmission Accepted/Transaction Rejected will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Request Response transaction.

Diagram for One Prior Authorization Request – Transmission Accepted/Transaction Rejected

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i> Response Message Segment
Mandatory first response
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment

Prior Authorization Request Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P4 = P.A. Request Only
109	A9	Transaction Count	A/N	1	1 = One P.A. Request
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction.
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Response Message	A/N	1-200	(Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Reject Control Number)
FS	FA	Field Separator	A/N	3	X'1C' FA
510	FA	Reject Count	N	2	<p>01 = 1 set of data follows 02 = 2 sets of data follows : : 05 = 05 sets of data follows</p> <p>Maximum of 05 reject codes will be sent back by Medi-Cal.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> Reject Code (511-FB) Reject Field Occurrence Indicator (546-4F)
FS	FB	Field Separator	A/N	3	X'1C' FB
511	FB	Reject Code	A/N	3	<p>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</p> <p>Repeating field depending on count in field 510-FA.</p>
FS	4F	Field Separator	A/N	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	<p>(Free form message(s))</p> <p>This field is a continuation of the message contained in the Transmission Response Message field (504-F4).</p>

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as Input Transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Request Response - Transmission Rejected/Transaction Rejected

The prior authorization request response for a Transmission Rejected/Transaction Rejected will be built by filling out the Response Header segment, Response Message segment, and the Response Status segment.

The following diagram shows the various components of the Prior Authorization Request Response transaction.

Diagram for One Prior Authorization Request – Transmission Rejected/Transaction Rejected

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory first response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment

Prior Authorization Request Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P4 = P.A. Request Only
109	A9	Transaction Count	A/N	1	1 = One P.A. Request
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Request Response- Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A	1	X'1D'
SS		Segment Separator	A	1	X'1E'
FS	AM	Field Separator	A	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	F3	Field Separator	A	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Reject Control Number)
FS	FA	Field Separator	A/N	3	X'1C' FA
510	FA	Reject Count	N	2	<p>01 = 1 set of data follows 02 = 2 sets of data follows : : 05 = 05 sets of data follows</p> <p>Maximum of 05 reject codes will be sent back by Medi-Cal.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> Reject Code (511-FB) Reject Field Occurrence Indicator (546-4F)
FS	FB	Field Separator	A/N	3	X'1C' FB
511	FB	Reject Code	A/N	3	<p>See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values.</p> <p>Repeating field depending on count in field 510-FA.</p>
FS	4F	Field Separator	A/N	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	<p>(Free form message(s))</p> <p>This field is a continuation of the message contained in the Transmission Response Message field (504-F4).</p>

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx – Prior Authorization Inquiry – Request (NCPDP Transaction Code P3)

The prior authorization inquiry request transaction can be built by filling out the Header segment, Insurance segment, Claim segment, and Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Request transaction.

Diagram for One Prior Authorization Inquiry

Mandatory
Transaction Header Segment <i>Segment Separator</i>
Insurance Segment
Mandatory – Prior Authorization Inquiry
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Prior Authorization Segment

Prior Authorization Inquiry Request - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
101	A1	BIN Number	N	6	610442
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P3 = P.A. Inquiry
104	A4	Processor Control Number	A/N	10	Not Used by Medi-Cal
109	A9	Transaction Count	A/N	1	1 = One P.A. Inquiry
202	B2	Service Provider ID Qualifier	A/N	2	Ø5 = Medicaid
201	B1	Service Provider ID	A/N	15	The service (Pharmacy) provider ID is made up using the following: Submitter ID – 3 Alpha-Numeric Provider Number – 9 Alpha-Numeric Last 3 Characters – spaces
401	D1	Date of Service	N	8	(Date of Service - (CCYYMMDD))
110	AK	Software Vendor/Certification ID	A/N	10	(PC/POS Version Number)

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Request - Insurance Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	04 = Insurance
FS	C2	Field Separator	A/N	3	X'1C' C2
302	C2	Cardholder Identification Number	A/N	1 – 20 (14)	(Medi-Cal Recipient ID) Must be 1 of the following: 1. CIN (9 characters) 2. MEDS ID (9 characters) 3. BID (14 characters) 4. CIN (9 characters) plus Check Digit (1 character) plus 4 digit numeric identifier

Prior Authorization Inquiry Request - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	1 = RX Billing
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	1 – 7	(RX Number)
FS	E1	Field Separator	A/N	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	00 = Default for compound drug claims 03 = National Drug Code (NDC)
FS	D7	Field Separator	A/N	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number) For compound claims, this should be "0".

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Request - Prior Authorization Segment
Medi-Cal Mandatory

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	12 = Prior Authorization Segment
FS	PA	Field Separator	A/N	3	X'1C' PA
498	PA	Request Type	A/N	1	1 = Initial 2 = Reauthorization 3 = Deferred
FS	PB	Field Separator	A/N	3	X'1C' PB
498	PB	Request Period Date-Begin	N	8	(Request Period Date – Begin (CCYYMMDD))
FS	PC	Field Separator	A/N	3	X'1C' PC
498	PC	Request Period Date-End	N	8	(Request Period Date-Ended (CCYYMMDD))
FS	PD	Field Separator	A/N	3	X'1C' PD
498	PD	Basis of Request	A/N	2	ME = Medical Exception PR = Plan Requirement PL = Increase Plan Limitation
FS	PY	Field Separator	A/N	3	X'1C'PY
498	PY	Prior Authorization Number—Assigned	N	11	(Prior Authorization Number) This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'A' (Approved).
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'C' (Captured) or 'F' (Deferred).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx – Prior Authorization Inquiry – Responses

Section 3.4.xx.x – Prior Authorization Inquiry Response - Transmission Accepted/Transaction Captured

The prior authorization inquiry response for a Transmission Accepted/Transaction Captured will be built by filling out the Response Header segment, Response Message segment, Response Status segment, Response Claim segment, and the Response Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Accepted/Transaction Captured

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory first response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment
<i>Segment Separator</i>
Response Claim Segment
<i>Segment Separator</i>
Response Prior Authorization Segment

Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P3 = P.A. Inquiry
109	A9	Transaction Count	A/N	1	1 = One P.A. Inquiry
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	C = Captured
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) Same as input transaction
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Prior Authorization Inquiry Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response – Prior Authorization Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	26 = Response Prior Authorization Segment
FS	PR	Field Separator	A/N	3	X'1C'PR
498	PR	Prior Authorization Processed Date	N	8	(Service Receipt Date - (CCYYMMDD))

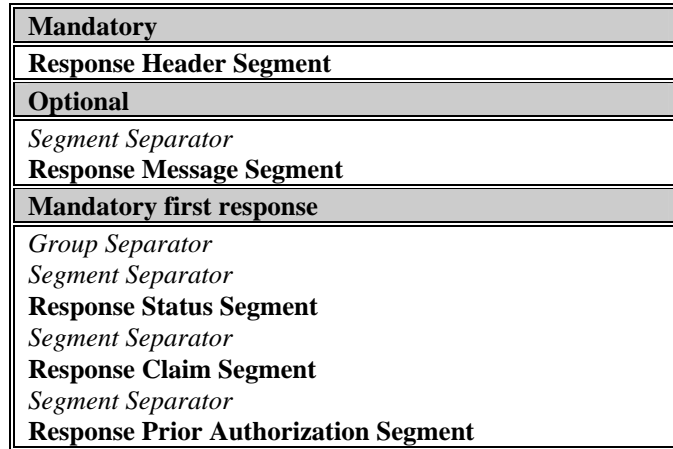
Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Inquiry Response - Transmission Accepted/Transaction Deferred

The prior authorization inquiry response for a Transmission Accepted/Transaction Deferred will be built by filling out the Response Header segment, Response Message segment, Response Status segment, Response Claim segment, and the Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Accepted/Transaction Deferred



Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P3 = P.A. Inquiry
109	A9	Transaction Count	A/N	1	1 = One P.A. Inquiry
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	F = PA Deferred
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) Same as input transaction
FS	FA	Field Separator	A/N	3	X'1C' FA
510	FA	Reject Count	N	2	01 = 1 set of data follows 02 = 2 sets of data follows : : 05 = 05 sets of data follows Maximum of 05 reject codes will be sent back by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> Reject Code (511-FB) Reject Field Occurrence Indicator (546-4F)
FS	FB	Field Separator	A/N	3	X'1C' FB
511	FB	Reject Code	A/N	3	See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values. Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A/N	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Prior Authorization Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	26 = Response Prior Authorization Segment
FS	PR	Field Separator	A/N	3	X'1C'PR
498	PR	Prior Authorization Processed Date	N	8	(Service Adjudicated Date – (CCYYMMDD))
FS	PS	Field Separator	A/N	3	X'1C'PS
498	PS	Prior Authorization Effective Date	N	8	(Effective Date) Format=CCYYMMDD
FS	PT	Field Separator	A/N	3	X'1C'PT
498	PT	Prior Authorization Expiration Date	N	8	(Expiration Date) Format=CCYYMMDD
FS	RA	Field Separator	A/N	3	X'1C'RA
498	RA	Prior Authorization Quantity	N	10	(Authorized Quantity) Format=9999999.999
FS	RB	Field Separator	A/N	3	X'1C'RB
498	RB	Prior Authorization Dollars Authorized	N	8	(Negotiated Price) Format= s\$\$\$\$\$cc Examples: Dollars Authorized provided to the pharmacy by the processor to be used by the pharmacy to bill the plan. If the prior authorization dollars authorized is \$76.00 this field would reflect: 7600{. This field is only present if the prior authorization is a negotiated price TAR.
FS	PW	Field Separator	A/N	3	X'1C'PW
498	PW	Prior Authorization Number of Refills Authorized	N	2	Prior Authorization Number of refills authorized provided to the pharmacy by the processor to be used by the pharmacy for refills.

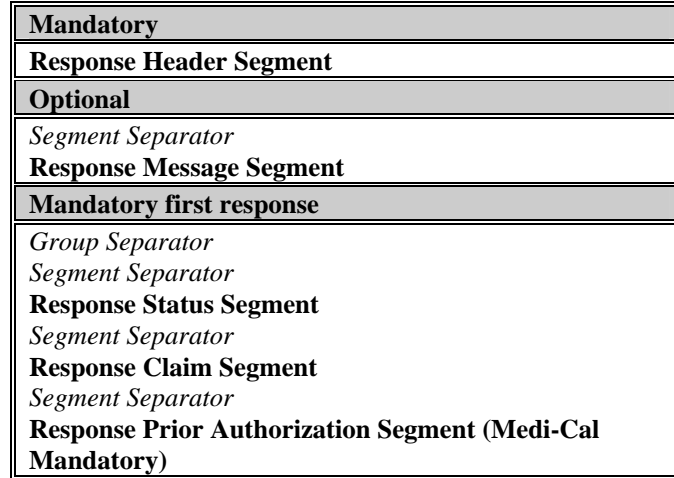
Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Inquiry Response - Transmission Accepted/Transaction Approved

The prior authorization inquiry response for a Transmission Accepted/Transaction Approved will be built by filling out the Response Header segment, Response Message segment, Response Status segment, Response Claim segment, and the Response Prior Authorization segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Inquiry – Transmission Accepted/Transaction Approved



Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P3 = P.A. Inquiry
109	A9	Transaction Count	A/N	1	1 = One P.A. Inquiry
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	A = Approved
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Prior Authorization Inquiry Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Prior Authorization Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	26 = Response Prior Authorization Segment
FS	PR	Field Separator	A/N	3	X'1C'PR
498	PR	Prior Authorization Processed Date	N	8	(Service Adjudicated Date – (CCYYMMDD))
FS	PS	Field Separator	A/N	3	X'1C'PS
498	PS	Prior Authorization Effective Date	N	8	(Effective Date) Format=CCYYMMDD
FS	PT	Field Separator	A/N	3	X'1C'PT
498	PT	Prior Authorization Expiration Date	N	8	(Expiration Date) Format=CCYYMMDD
FS	RA	Field Separator	A/N	3	X'1C'RA
498	RA	Prior Authorization Quantity	N	10	(Authorized Quantity) Format=9999999.999
FS	RB	Field Separator	A/N	3	X'1C'RB
498	RB	Prior Authorization Dollars Authorized	N	8	(Negotiated Price) Format= s\$\$\$\$\$cc Examples: Dollars Authorized provided to the pharmacy by the processor to be used by the pharmacy to bill the plan. If the prior authorization dollars authorized is \$76.00 this field would reflect: 7600{. This field is only present if the prior authorization is a negotiated price TAR.
FS	PW	Field Separator	A/N	3	X'1C'PW
498	PW	Prior Authorization Number of Refills Authorized	N	2	Prior Authorization Number of refills authorized provided to the pharmacy by the processor to be used by the pharmacy for refills.
FS	PY	Field Separator	A/N	3	X'1C'PY
498	PY	Prior Authorization Number—Assigned	N	11	(Prior Authorization Number) The prior authorization number returned will be the original 10 digit number sent on the input transaction plus an 11 th digit containing the pricing indicator.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Inquiry Response - Transmission Accepted/Transaction Rejected

The prior authorization inquiry response for a Transmission Accepted/Transaction Rejected will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Accepted/Transaction Rejected

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i> Response Message Segment
Mandatory first response
<i>Group Separator</i> <i>Segment Separator</i> Response Status Segment <i>Segment Separator</i> Response Claim Segment

Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P3 = P.A. Inquiry
109	A9	Transaction Count	A/N	1	1 = One P.A. Inquiry
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) Same as input transaction
FS	FA	Field Separator	A/N	3	X'1C' FA
510	FA	Reject Count	N	2	01 = 1 set of data follows 02 = 2 sets of data follows : : 05 = 05 sets of data follows Maximum of 05 reject codes will be sent back by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> Reject Code (511-FB) Reject Field Occurrence Indicator (546-4F)
FS	FB	Field Separator	A/N	3	X'1C' FB
511	FB	Reject Code	A/N	3	See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values. Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A/N	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Inquiry Response - Transmission Rejected/Transaction Rejected

The prior authorization inquiry response for a Transmission Rejected/Transaction Rejected will be built by filling out the Response Header segment, Response Message segment, and Response Status segment.

The following diagram shows the various components of the Prior Authorization Inquiry Response transaction.

Diagram for One Prior Authorization Inquiry – Transmission Rejected/Transaction Rejected

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory first response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment

Prior Authorization Inquiry Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P3 = P.A. Inquiry
109	A9	Transaction Count	A/N	1	1 = One P.A. Inquiry
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included, within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included, within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Inquiry Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) Same as input transaction
FS	FA	Field Separator	A/N	3	X'1C' FA
510	FA	Reject Count	N	2	01 = 1 set of data follows 02 = 2 sets of data follows : : 05 = 05 sets of data follows Maximum of 05 reject codes will be sent back by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> Reject Code (511-FB) Reject Field Occurrence Indicator (546-4F)
FS	FB	Field Separator	A/N	3	X'1C' FB
511	FB	Reject Code	A/N	3	See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values. Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A/N	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx – Prior Authorization Reversal - Request (NCPDP Transaction Code P2)

Prior Authorization reversals are used to reverse the request for authorization, but not any claims submitted against the prior authorization. If any billing(s) have been paid using the prior authorization that will be reversed then the paid billing(s) must be reversed before the prior authorization is reversed. The only reversals that should be submitted would be for those prior authorization transactions that received an “A” (Approved) or “C” (Captured) response.

The standard prior authorization reversal request can be built by filling out the Header segment, Claim segment and Prior Authorization segment once.

The following diagram shows the various components of the Prior Authorization Reversal Request transaction.

Diagram for One Prior Authorization Reversal

Mandatory
Transaction Header Segment
Mandatory – Prior Authorization Reversal
<i>Group Separator</i> <i>Segment Separator</i> Claim Segment <i>Segment Separator</i> Prior Authorization Segment (Medi-Cal Mandatory)

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Request – Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
101	A1	BIN Number	N	6	610442
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P2 = P.A. Reversal
104	A4	Processor Control Number	A/N	10	Not Used
109	A9	Transaction Count	A/N	1	1 = One PA Reversal
202	B2	Service Provider ID Qualifier	A/N	2	Ø5 = Medicaid (Medi-Cal Pharmacy Provider ID)
201	B1	Service Provider ID	A/N	15	(Submitter ID – 3 Alpha-Numeric Provider Number – 9 Alpha-Numeric Last 3 Characters – spaces)
401	D1	Date of Service	N	8	(Date of Service - (CCYYMMDD))
110	AK	Software Vendor/Certification ID	A/N	10	(PC/POS Version Number)

Prior Authorization Reversal Request - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	07 = Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	1 = RX Billing
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	1 – 7	(RX Number)
FS	E1	Field Separator	A/N	3	X'1C' E1
436	E1	Product/Service ID Qualifier	A/N	2	00 = Default for compound drug claims 03 = National Drug Code (NDC)
FS	D7	Field Separator	A/N	3	X'1C' D7
407	D7	Product/Service ID	A/N	1 – 19 (11)	(NDC Number) For compound claims, this should be “0”.

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Request - Prior Authorization Segment
Medi-Cal Mandatory

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	12 = Prior Authorization Segment
FS	PA	Field Separator	A/N	3	X'1C' PA
498	PA	Request Type	A/N	1	1 = Initial 2 = Reauthorization 3 = Deferred
FS	PB	Field Separator	A/N	3	X'1C' PB
498	PB	Request Period Date-Begin	N	8	(Request Period Date – Begin (CCYYMMDD))
FS	PC	Field Separator	A/N	3	X'1C' PC
498	PC	Request Period Date-End	N	8	(Request Period Date – End (CCYYMMDD))
FS	PD	Field Separator	A/N	3	X'1C' PD
498	PD	Basis of Request	A/N	2	ME = Medical Exception PR = Plan Requirement PL = Increase Plan Limitation
FS	PY	Field Separator	A/N	3	X'1C' PY
498	PY	Prior Authorization Number—Assigned	N	11	(Prior Authorization Number) This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'A' (Approved).
FS	F3	Field Separator	A/N	3	X'1C'F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) This field should be used to submit the prior authorization number when the original prior authorization request received a response of 'C' (Captured) or 'F' (Deferred).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx – Prior Authorization Reversal – Responses

Section 3.4.xx.x – Prior Authorization Reversal Response - Transmission Accepted/Transaction Captured or Duplicate of Capture

The prior authorization reversal response for a Transmission Accepted/Transaction Captured (or Duplicate of Capture) will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Reversal Response transaction.

Diagram for One Prior Authorization Reversal – Transmission Accepted/Transaction Captured (or Duplicate of Capture)

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory first response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment
<i>Segment Separator</i>
Response Claim Segment

Prior Authorization Reversal Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P2 = P.A. Reversal
109	A9	Transaction Count	A/N	1	Same as Input Transaction 1 = One P.A. Reversal
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	C = Captured Q = Duplicate of Captured
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) Same as Input Transaction
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Prior Authorization Reversal Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Reversal Response - Transmission Accepted/Transaction Rejected

The prior authorization reversal response for a Transmission Accepted/Transaction Rejected will be built by filling out the Response Header segment, Response Message segment, Response Status segment, and the Response Claim segment.

The following diagram shows the various components of the Prior Authorization Reversal Response transaction.

Diagram for One Prior Authorization Reversal – Transmission Accepted/Transaction Rejected

Mandatory
Response Header Segment
Optional
<i>Segment Separator</i>
Response Message Segment
Mandatory first response
<i>Group Separator</i>
<i>Segment Separator</i>
Response Status Segment
<i>Segment Separator</i>
Response Claim Segment

Prior Authorization Reversal Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P2 = P.A. Reversal
109	A9	Transaction Count	A/N	1	1 = One P.A. Reversal
501	F1	Header Response Status	A/N	1	A = Accepted
202	B2	Service Provider ID Qualifier	A/N	2	Same as Input Transaction
201	B1	Service Provider ID	A/N	15	Same as Input Transaction
401	D1	Date of Service	N	8	Same as Input Transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) Same as input transaction
FS	FA	Field Separator	A/N	3	X'1C' FA
510	FA	Reject Count	N	2	01 = 1 set of data follows 02 = 2 sets of data follows : : 05 = 05 sets of data follows Maximum of 05 reject codes will be sent back by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> Reject Code (511-FB) Reject Field Occurrence Indicator (546-4F)
FS	FB	Field Separator	A/N	3	X'1C' FB
511	FB	Reject Code	A/N	3	See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values. Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A/N	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Response - Claim Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	22 = Response Claim Segment
FS	EM	Field Separator	A/N	3	X'1C' EM
455	EM	Prescription/Service Reference Number Qualifier	A/N	1	Same as input transaction
FS	D2	Field Separator	A/N	3	X'1C' D2
402	D2	Prescription/Service Reference Number	N	7	Same as input transaction

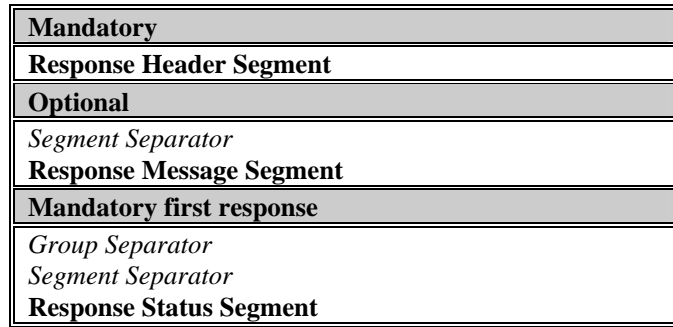
Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Section 3.4.xx.x – Prior Authorization Reversal Response - Transmission Rejected/Transaction Rejected

The prior authorization reversal response for a Transmission Rejected/Transaction Rejected will be built by filling out the Response Header segment, Response Message segment, and the Response Status segment.

The following diagram shows the various components of the Prior Authorization Reversal Response transaction.

Diagram for One Prior Authorization Reversal – Transmission Rejected/Transaction Rejected Response



Prior Authorization Reversal Response - Header Segment

NOTE: Truncation within the Header Segment is not allowed.

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
102	A2	Version/Release Number	A/N	2	51 = Version 5.1
103	A3	Transaction Code	A/N	2	P2 = P.A. Reversal
109	A9	Transaction Count	A/N	1	1 = One PA Reversal
501	F1	Header Response Status	A/N	1	R = Rejected
202	B2	Service Provider ID Qualifier	A/N	2	Same as input transaction
201	B1	Service Provider ID	A/N	15	Same as input transaction
401	D1	Date of Service	N	8	Same as input transaction

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Response - Message Segment

Optional – Only present if provider mail or additional messages to be sent back

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	20 = Response Message Segment
FS	F4	Field Separator	A/N	3	X'1C' F4
504	F4	Message	A/N	1-200	(Provider Mail and Free form message(s)) Additional Message Information over this field's maximum size will be included within the Response Status Segment, Additional Message Information field (526-FQ).

Mail messages and freeform messages returned to the provider will be according to the Provider Message Format Table shown below. There will be a space separating multiple mail notifications within the MSG segment for the "MESSAGE" field (Field 504) in the NCPDP transactions. The "<" and the ">" in the *Values* column only denote the variable portion of the message and will not be present in the actual field. This mail information will consist of such messages as notification of impending system maintenance down time, a help desk telephone number, the need to do a software upgrade, and other messages as deemed necessary.

Provider Message Format Table

Position	Values	English Translation	Notes
1	0 1	No Mail Mail Present	
Other than position 1	SD<TIME>	System will be down at <TIME>	TIME = Starting Time for system maintenance
Other than position 1	CH<PHONE #>	Contact Help Desk	
Other than position 1	SU	Software Upgrade Needed	
Other than position 1	MS	<Free Form Message>	Additional Message Information over this field's maximum size will be included within the Response Status Segment Additional Message Information field (526-FQ).

Medi-Cal POS Network Interface Specifications
DRAFT as of September 14, 2004

Prior Authorization Reversal Response - Status Segment

Field Number	Fld ID	Field Name	Fmt	Size	Pre-defined Values
GS		Group Separator	A/N	1	X'1D'
SS		Segment Separator	A/N	1	X'1E'
FS	AM	Field Separator	A/N	3	X'1C' AM
111	AM	Segment Identification	A/N	2	21 = Response Status Segment
FS	AN	Field Separator	A/N	3	X'1C' AN
112	AN	Transaction Response Status	A/N	1	R = Rejected
FS	F3	Field Separator	A/N	3	X'1C' F3
503	F3	Authorization Number	A/N	20 (10)	(Prior Authorization Number) Same as input transaction
FS	FA	Field Separator	A/N	3	X'1C' FA
510	FA	Reject Count	N	2	01 = 1 set of data follows 02 = 2 sets of data follows : : 05 = 05 sets of data follows Maximum of 05 reject codes will be sent back by Medi-Cal. Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> Reject Code (511-FB) Reject Field Occurrence Indicator (546-4F)
FS	FB	Field Separator	A/N	3	X'1C' FB
511	FB	Reject Code	A/N	3	See NCPDP September 1999 Data Dictionary - Appendix F for list of valid values. Repeating field depending on count in field 510-FA.
FS	4F	Field Separator	A/N	3	X'1C' 4F
546	4F	Reject Field Occurrence Indicator	N	2	Repeating field depending on count in field 510-FA.
FS	FQ	Field Separator	A/N	3	X'1C' FQ
526	FQ	Additional Message Information	A/N	1 – 200	(Free form message(s)) This field is a continuation of the message contained in the Transmission Response Message field (504-F4).